

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000810

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 11

FILED JAN 21 1963

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City, 1	
c. FULL NAME OF (If, NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Hospital		d. STREET ADDRESS (If outside, give location) 609 Mulberry	
3. NAME OF DECEASED (Type or print) First Ralph Edward Middle Branch Last		4. DATE OF DEATH Month Jan. Day 6, Year 1963	
5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		11. BIRTHPLACE (City and state or country) Jefferson City Cole, Mo. USA	
13a. FATHER'S NAME not known		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Address Frances Louise Branch-609 Mulberry	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - DUE TO (b) Intrauterine anoxia DUE TO (c) Transverse lie -		INTERVAL BETWEEN ONSET AND DEATH 3 d 24 h	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) prolonged cord - band -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:00 p.m. Month, Day, Year 1/4/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jefferson City COUNTY Cole STATE Mo.	
21. I attended the deceased from 1/4/63 to 1/6/63 and last saw him alive on 1/6/63 Death occurred at 6:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. E. Duffer (Death or title)		22b. ADDRESS Jefferson City	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/8/63	
23c. NAME OF CEMETERY OR CREMATORY Union Hall-Holts Summit		23d. LOCATION (City, town, or county) Holts Summit, Callaway, Mo.	
24. FUNERAL DIRECTOR Freeman Mortuary-915 Madison ADDRESS Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 11 January 1963	
		26. REGISTRAR'S SIGNATURE R. Richter	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4623

P.O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.